**Updates to information** 



## **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

# Reliance HMO, Inc

NAIC Gr	• — — — — — — — — — — — — — — — — — — —	C Company Code16542_	Employer's ID Numbe	er <u>81-4977640</u>
Organized under the Laws of	(Current) (Prior) Michigan	, State of Domicile	or Port of Entry	MI
Country of Domicile		United States of America		
Licensed as business type:	He	ealth Maintenance Organization		
Is HMO Federally Qualified? Ye	s[X]No[]			
Incorporated/Organized		Commenced	Business	03/10/2019
Ctatutanul Iama Office	22000 Orahard Laka Ed			
Statutory Home Office	23900 Orchard Lake Rd (Street and Number)	,		Hills, MI, US 48336-2512 State, Country and Zip Code)
Main Administrative Office		23900 Orchard Lake Rd		
		(Street and Number)	-	
	ogton Hills, MI, US 48336-2512 own, State, Country and Zip Code)	·		248-715-5400 e) (Telephone Number)
(Oity of Te	with State, Country and Zip Code)		(Alea Coul	e) (Telephone Number)
Mail Address	23900 Orchard Lake Rd (Street and Number or P.O. Box)	·		Hills, MI, US 48336-2512 State, Country and Zip Code)
Discontinuity of Dealers of D	,	00000 0	(Oily Oil Town, C	state, sound y and zip sous,
Primary Location of Books and R	ecords	23900 Orchard Lake Rd (Street and Number)		
Farmin	gton Hills, MI, US 48336-2512		2	248-715-5400
(City or To	own, State, Country and Zip Code)		(Area Code	e) (Telephone Number)
Internet Website Address	http:	//reliancemedicareadvantage.org	<b>]</b> /	
Statutory Statement Contact	Jeffrey Neuburger	, ,		248-715-5411
ine	(Name)		`	Code) (Telephone Number)
JIII	euburger@relianceaco.org (E-mail Address)			248-715-5415 FAX Number)
	, ,	OFFICERS	·	,
President	Gene Avron Farber	OFFICERS	Secretary	Lisa Marie Fleming #
Treasurer				
		OTHER		
		RECTORS OR TRUSTEES	<u> </u>	
Christopher F	Palmieri #	Courtney Sullivan-Murphy#		Don Stiffler #
Mihir Sha	ah #	Nazmu Haque MD		
State of				
County of	SS			
all of the herein described asset statement, together with related of condition and affairs of the said r in accordance with the NAIC An rules or regulations require diff respectively. Furthermore, the s	s were the absolute property of the said sexhibits, schedules and explanations there eporting entity as of the reporting period structions and Accounting erences in reporting not related to accounce of this attestation by the described of	reporting entity, free and clear fin contained, annexed or referred ated above, and of its income ar g Practices and Procedures ma unting practices and procedure fficers also includes the related	rom any liens or clain d to, is a full and true s nd deductions therefro inual except to the ext es, according to the corresponding electro	ntity, and that on the reporting period stated above, ns thereon, except as herein stated, and that this statement of all the assets and liabilities and of the im for the period ended, and have been completed tent that: (1) state law may differ; or, (2) that state best of their information, knowledge and belief, onic filing with the NAIC, when required, that is an ested by various regulators in lieu of or in addition
Gene Avron Fart President	er	Robert Jung Cho Treasurer		Lisa Marie Flemming Secretary
Subscribed and sworn to before a day of	me this	b. If no,	n original filing?	

3. Number of pages attached.....

# Exhibit 2 - A&H Premiums Due and Unpaid **N O N E**

## 11 0 11 2

# Exhibit 3 - Health Care Receivables NONE

Exhibit 3A - Health Care Receivables Collected and Accrued  $\bf N$   $\bf O$   $\bf N$   $\bf E$ 

# **EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims											
1	2	3	4	5	6	7					
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total					
Claims Unpaid (Reported)											
0199999. Individually listed claims unpaid	0	0	0	0	0	(					
0299999. Aggregate accounts not individually listed- uncovered	310,688					310,688					
0399999. Aggregate accounts not individually listed-covered						1					
0499999. Subtotals	310,688	0	0	0	0	310,688					
0599999. Unreported claims and other claim reserves						1,248,288					
0699999. Total amounts withheld											
0799999. Total claims unpaid						1,558,976					
					•						
						<u> </u>					
						1					
0899999 Accrued medical incentive pool and bonus amounts	-	<u> </u>			<u> </u>						
000000 / Nortage modified poor and points amounts						1					

# **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0199999. Individually listed receivables	0	0	0	0	0	0	0
0299999. Receivables not individually listed	4,000,000					4,000,000	
0399999 Total gross amounts receivable	4,000,000	0	0	0	0	4,000,000	0

# **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

Affiliate Description Amount Current Non-Current  I O I E	1	2	3	4	5
NONE	Affiliate	Description	Amount	Current	Non-Current
NONE					
NONE					
NONE					
1999 Total gross payables	039999 Total gross payables				

## **EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

	1	2	3	4	5	6 Column 1
	Direct Medical	Column 1	Total	Column 3	Column 1	Expenses Paid to
	Expense	as a %	Members	as a %	Expenses Paid to	Non-Affiliated
Payment Method	Payment	of Total Payments	Covered	of Total Members	Affiliated Providers	Providers
Capitation Payments:						
1. Medical groups	0	0.0	0	0.0	0	
2. Intermediaries	0	0.0	0	0.0	0	
3. All other providers.	0	0.0	0	0.0	0	
Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX	0	
Contractual fee payments	8,772,869	100.0	XXX	XXX	8,772,869	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	
9. Non-contingent salaries	0	0.0	XXX	XXX	0	
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	
11. All other payments	0	0.0	XXX	XXX	0	
12. Total other payments	8,772,869	100.0	XXX	XXX	8,772,869	0
13. TOTAL (Line 4 plus Line 12)	8,772,869	100%	XXX	XXX	8,772,869	0

## **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4 Average	5	6 Intermediary's
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 Totals			XXX	XXX	XXX

# Exhibit 8 - Furniture and Equipment Owned **NONE**



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Reliance HMO, Inc 2. Farmington Hills, MI

(I OCATION)

								(LOCATION	•	
AIC Group Code 0000 BUSINESS	S IN THE STATE OF					DURING THE Y			pany Code	16542
	1	Comprehensive (Ho	spital & Medical)  3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	415							415		
2. First Quarter	692							692		
3. Second Quarter	657							657		
4. Third Quarter	627							627		
5. Current Year	621							621		
6. Current Year Member Months	7,783							7,783		
Total Member Ambulatory Encounters for Year:										
7 Physician	6,841							6,841		
8. Non-Physician	8,954							8,954		
9. Total	15,795	0	0	0	0	(	0	15,795	0	
10. Hospital Patient Days Incurred	831							831		
11. Number of Inpatient Admissions	158							158		
12. Health Premiums Written (b)	10,025,944							10,025,944		
13. Life Premiums Direct	0							0		
14. Property/Casualty Premiums Written	0							0		
15. Health Premiums Earned	10,025,944							10,025,944		
16. Property/Casualty Premiums Earned	0							0		
17. Amount Paid for Provision of Health Care Services	8,772,869							8,772,869		
18 Amount Incurred for Provision of Health Care Services	9,385,510							9,385,510		

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

<sup>.....</sup> and number of persons insured under indemnity only products ......

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

2. Farmington Hills, MI REPORT FOR: 1. CORPORATION Reliance HMO, Inc (LOCATION)

								(LOCATIO		
NAIC Group Code 0000	BUSINESS IN THE STATE OF					DURING THE YE		NAIC Cor	npany Code	16542
	1 1	Comprehensive (Ho		4	5	6	7	8	9	10
		2	3							
				Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	415	0	0	0	0	0	0	415	0	
2. First Quarter	692	0	0	0	0	0	0	692	0	
3. Second Quarter	657	0	0	0	0	0	0	657	0	
4. Third Quarter	627	0	0	0	0	0	0	627	0	
5. Current Year	621	0	0	0	0	0	0	621	0	
6. Current Year Member Months	7,783	0	0	0	0	0	0	7,783	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	6,841	0	0	0	0	0	0	6,841	0	
8. Non-Physician	8,954	0	0	0	0	0	0	8,954	0	
9. Total	15,795	0	0	0	0	0	0	15,795	0	
10. Hospital Patient Days Incurred	831	0	0	0	0	0	0	831	0	
11. Number of Inpatient Admissions	158	0	0	0	0	0	0	158	0	
12. Health Premiums Written (b)	10,025,944	0	0	0	0	0	0	10,025,944	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	10,025,944	0	0	0	0	0	0	10,025,944	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Ser	vices8,772,869	0	0	0	0	0	0	8,772,869	0	
18 Amount Incurred for Provision of Health Care	Services 9,385,510	0	0	0	0	0	0	9,385,510	0	

## **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10 Bosonia Liability	11	12	13
NAIC Company	ID	Effective	No. of Private	Domiciliary Jurisdiction	Type of Reinsurance	Type of Business	David out	Unearned	Unearned	Reinsurance Payable on Paid and	Coinsurance	Funds Withheld
Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Under Coinsurance
	· · · · · · · · · · · · · · · · · · ·											
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·										
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### **SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year NAIC Company Effective Domiciliary Unpaid Losses Name of Company Paid Losses Code Number Date Jurisdiction 0399999. Total Life and Annuity - U.S. Affiliates 0 0699999. Total Life and Annuity - Non-U.S. Affiliates 0799999. Total Life and Annuity - Affiliates 0 1099999. Total Life and Annuity - Non-Affiliates 0 0 1199999. Total Life and Annuity 0 1499999. Total Accident and Health - U.S. Affiliates 0 0 0 0 0 0 . DE 0 2199999. Total Accident and Health - Non-Affiliates
2299999. Total Accident and Health
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099 0 0 0

9999999 Totals - Life, Annuity and Accident and Health

# **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

									mber 31, Current Ye			10	
1	2	3	4	5	6	7	8	9	10	Outstanding S		13	14
				Domi-					Reserve Credit	11	12		
NAIC				ciliary	Type of	Type of		Unearned	Taken Other			Modified	Funds Withheld
Company	ID	Effective		Juris-	Reinsurance	Business		Premiums	than for Unearned			Coinsurance	Under
Code	Number	Date	Name of Company	diction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Current Year	Prior Year	Reserve	Coinsurance
0399999.	Total General	Account - A	uthorized U.S. Affiliates				0	0	0	0	0	0	(
0699999.	Total General	Account - A	uthorized Non-U.S. Affiliates				0	0	0	0	0	0	(
0799999.	Total General	Account - A	uthorized Affiliates				0	0	0	0	0	0	C
11835	04-1590940	.01/01/2020	PartnerRe American Insurance	DE	SSL/I	MR.	146,352	0	0	0	0	0	
0899999.	General Acco	unt - Authori	zed U.S. Non-Affiliates	,			146.352	0	0	0	0	0	C
			uthorized Non-Affiliates				146.352	0	0	0	0	0	(
	Total General						146.352	0	0	0	0		(
			nauthorized U.S. Affiliates				0	0	0	0	0	0	(
			nauthorized Non-U.S. Affiliates				0	0	0	0	0	<u> </u>	,
			nauthorized Affiliates				0	0	<u> </u>	0	0		
			nauthorized Anniates nauthorized Non-Affiliates				0	0	0	0	0		
	Total General						0	0	0	0			1
													·
			ertified U.S. Affiliates				0	0	0	0	0		0
			ertified Non-U.S. Affiliates				0	0	0	0	0		0
			ertified Affiliates				0	0	0	0	0	· ·	0
			ertified Non-Affiliates				0	0	-	0	0	•	0
	Total General						0	0	0	0	0	•	0
			eciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0		0
			eciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
4099999.	Total General	Account - R	eciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
4399999.	Total General	Account - R	eciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
4499999.	Total General	Account Re	ciprocal Jurisdiction				0	0	0	0	0	0	0
4599999.	Total General	Account Aut	thorized, Unauthorized, Reciprocal Jurisdiction and Certified				146,352	0	0	0	0	0	0
4899999	Total Separat	e Accounts -	Authorized U.S. Affiliates				0	0	0	0	0	0	0
			Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			Authorized Affiliates				0	0	0	0	0	0	0
			Authorized Non-Affiliates				0	0	0	0	0	0	0
	Total Separat						0	0	<u> </u>	0	0		0
			Unauthorized U.S. Affiliates				0	0	0	0	0		0
			Unauthorized Non-U.S. Affiliates				0	0	0	0	0		0
			Unauthorized Affiliates				0	0	0	0	0		·
			Unauthorized Non-Affiliates				0	0	<u> </u>	0	0	•	0
							0	0	0	0	0		0
	Total Separat						0	0	0		0		0
			Certified U.S. Affiliates				•	·	0	0	-	-	0
			Certified Non-U.S. Affiliates				0	0	·	0	0	•	·
			Certified Affiliates				0	0	0	0	0		0
			Certified Non-Affiliates				0	0	0	0	0		0
	Total Separat						0	0	<u> </u>	0	0		0
			Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0		0
			Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0		0
			Reciprocal Jurisdiction Affiliates				0	0	0	0	0		0
8899999.	Total Separat	e Accounts -	Reciprocal Jurisdiction Non-Affiliates				0	0		0	0		0
8999999.	Total Separat	e Accounts F	Reciprocal Jurisdiction				0	0	0	0	0	0	0
9099999.	Total Separat	e Accounts A	Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				0	0	0	0	0	0	0
			99, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4	199999, 489	9999, 5399999.	5999999,							
			999, 8199999 and 8699999)	-, -,	,,	-,	146,352	0	0	0	0	0	0
9299999.	Total Non-U.S	S. (Sum of 06	599999, 0999999, 1799999, 2099999, 2899999, 3199999, 399999	99. 4299999	9, 5199999, 5499	999, 6299999.	,						
1			999. 8499999 and 8799999)	.,	.,, 3.00	, ,	0	0	0	0	0	0	0
9999999 -			,				146.352	0	0	0	0	0	0
555555	. 0						110,002	U	1 0		0	1 0	

Schedule S - Part 4 **NONE** 

Schedule S - Part 4 - Bank Footnote **NONE** 

Schedule S - Part 5
NONE

Schedule S - Part 5 - Bank Footnote **NONE** 

# SCHEDULE S - PART 6

	Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)										
		1 2021	2 2020	3 2019	4 2018	5 2017					
	A. OPERATIONS ITEMS				= 1.11						
1.	Premiums	0	0								
2.	Title XVIII - Medicare										
3.	Title XIX - Medicaid										
4.	Commissions and reinsurance expense allowance										
5.	Total hospital and medical expenses										
3.	B. BALANCE SHEET ITEMS										
6	Premiums receivable										
6.	Claims payable										
7.	• •										
8.	Reinsurance recoverable on paid losses										
9.	Experience rating refunds due or unpaid										
10.	Commissions and reinsurance expense allowances due										
11.	Unauthorized reinsurance offset										
12.	Offset for reinsurance with Certified Reinsurers										
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)										
13.	Funds deposited by and withheld from (F)	0	0								
14.	Letters of credit (L)	0	0								
15.	Trust agreements (T)	0	0								
16.	Other (O)	0	0								
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)										
17.	Multiple Beneficiary Trust										
18.	Funds deposited by and withheld from (F)										
19.	Letters of credit (L)										
20.	Trust agreements (T)										
21.	Other (O)										

## **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	3,181,297		3,181,297
2.	Accident and health premiums due and unpaid (Line 15)	552,565		552,565
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	4,517,568		4,517,568
6.	Total assets (Line 28)	8,251,430	0	8,251,430
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	1,558,976		1,558,976
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	4,547,790		4,547,790
15.	Total liabilities (Line 24)	6,106,766	0	6,106,766
16.	Total capital and surplus (Line 33)	2,144,664	XXX	2,144,664
17.	Total liabilities, capital and surplus (Line 34)	8,251,430	0	8,251,430
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	. 0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

#### **SCHEDULE T - PART 2**

#### **INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories Direct Business Only 2 3 5 6 Disability Income Long-Term Care Life Annuities (Group and Individual) Deposit-Type (Group and (Group and (Group and States, Etc. Individual) Individual) Individual) Contracts Totals 1. Alabama ..... Alaska .... 3. .. AZ 4. ..... AR 5. California CA 6 Colorado CO CT 7. Connecticut 8. Delaware \_\_\_\_\_DE 9. District of Columbia DC 10. Florida ...... ..... FL 11. Georgia ...... GA Hawaii ...... HI 12. .....ID 13. Idaho ...... Illinois ..... 14. .....IL Indiana ..... 15 .....IN 16. lowa ..... IA ..... KS 17. Kansas ... 18. Kentucky ..... .....KY 19. Louisiana ..... .....LA 20. Maine ..... ..... ME 21. ..... MD Maryland .... 22. Massachusetts ... MA 23. Michigan ... MI ..... MN 24. Minnesota 25. Mississippi ...... MS ..... MO 26. Missouri ..... MT 27. Montana ..... 28. Nebraska ..... 29. Nevada ..... 31. New Jersey ..... 32. New Mexico ...... NM ..... NY 33. New York ..... 34. North Carolina ...... ..... NC ..... ND 35. North Dakota .... 36. Ohio ..... .... ОН 37. Oklahoma ...... OK 38. .....OR Oregon ..... 39. Pennsylvania .... 40. ..... RI 41. South Carolina .... ..... SC South Dakota ... ..... SD 42. 43 Tennessee ...... TN 44 Texas TX Utah ...... UT 45. Vermont ...... VT 46. 47. Virginia ...... VA 48. Washington ..... WA 49. West Virginia ..... WV 50. Wisconsin ..... WI 51. Wyoming ...... WY 52. American Samoa ...... AS 53. Guam ..... ..... GU ..... PR 54. Puerto Rico 56. Northern Mariana Islands ..... MP 57. Canada ...... CAN 58. Aggregate Other Alien ...... OT

59.

Total

## SCHEDULE Y

# PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-			Management.	ship		Filina	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No	*
4999			04-3756900	KSSD	CIK	international)	Commonwealth Care Alliance. Inc.	MA	UDP	Commonwealth Care Alliance. Inc.	,	70.000		NO NO	/
1999	Commonwealth Care Alliance, Inc		04-3/56900					MA		Commonwealth Care Alliance, Inc.	Owner ship	/0.000	Commonwealth Care Alliance, Inc	NU	
4999	Commonwealth Care Alliance. Inc.		26-0100022				Bostons Community Medical Group, Inc. d/b/a	MA	NIA	Commonwealth Care Alliance. Inc.	Ownership	100.000	Commonwealth Care Alliance. Inc.	NO.	
	Commonwealth Care Alliance, Inc.		56-2382058				Commonwealth Clinical Alliance, Inc.	MA			Ownership	100.000	Commonwealth Care Alliance, Inc.	IWU	1
#000	Commonwealth care Alliance, Inc		JU-2JU2UJU				Commonwealth Care Alliance Massachusetts. LLC	m.	NIA	Commonwearth care Arridice, Inc.	Owner Strip	100.000	. Commonwearth care Attrance, Inc		
4999	Commonwealth Care Alliance, Inc.	16986	85-4228186				Commonwealth date Attrance massachasetts, EEC	MA	IA	Commonwealth Care Alliance, Inc.	Ownership.	100.000	Commonwealth Care Alliance, Inc.	NO.	
	dominormearth date Attrance, me.	10000	00 4220100				Commonwealth Care Alliance Rhode Island, LLC		In	Commonwearth our C Arriance, Inc.	omici sirip.	100.000	. Commonwearth dare Arriance, me		
4999	Commonwealth Care Alliance, Inc.	16984	85-4310885				Commonwealth date Attranse throat Totalia, EES	RI	IA	Commonwealth Care Alliance, Inc.	Ownership.	100.000	Commonwealth Care Alliance. Inc.	NO.	
	Commonwealth date Afficiency, The		00 1010000			***************************************	Center to Advance Consumer Partnership, Inc.			Commonwealth date Attractor, the	omici dirip		. Commonwearth our C Arritance, The		
4999	Commonwealth Care Alliance, Inc.		82-2810261				, , , , , , , , , , , , , , , , , , , ,	MA	NIA	Commonwealth Care Alliance, Inc.	Ownership	100.000	Commonwealth Care Alliance, Inc.	NO	
4999	Commonwealth Care Alliance, Inc.		46-4325429				747 Cambridge Street LLC	MA	NIA	Commonwealth Care Alliance, Inc.	Ownership	100.000	Commonwealth Care Alliance, Inc.	NO.	
4999	Commonwealth Care Alliance, Inc.		83-1983756				InstED. LLC	MA	NIA		Ownership.	100.000	Commonwealth Care Alliance, Inc.	NO	]
4999	Commonwealth Care Alliance, Inc.		81-2358124				Winter Street Ventures, LLC	DE	NIA	Commonwealth Care Alliance, Inc.	Ownership	100.000	. Commonwealth Care Alliance, Inc	N0	]
4999	Commonwealth Care Alliance, Inc		81-5421292				Lifepod Solutions, Inc.	DE	NIA	Commonwealth Care Alliance, Inc.	Ownership.	53.000	. Commonwealth Care Alliance, Inc	NO	
4999	Commonwealth Care Alliance, Inc		87-2560730				Commonwealth Care Alliance Michigan, LLC	MI	NIA	Commonwealth Care Alliance, Inc	Ownership	100.000	. Commonwealth Care Alliance, Inc	NO	
4999	Commonwealth Care Alliance, Inc	16542	81-4977640				Reliance HMO, Inc.	MI		Commonwealth Care Alliance Michigan, LLC	Ownership	70.000	. Commonwealth Care Alliance, Inc	NO	
4999	Commonwealth Care Alliance, Inc		46-1262045				Reliance ACO, LLC	MI	NIA	Commonwealth Care Alliance Michigan, LLC	Ownership	60.000	. Commonwealth Care Alliance, Inc	NO	
	Commonwealth Care Alliance, Inc		81-3685900				Reliance PO of Michigan, Inc	MI	NIA	Commonwealth Care Alliance Michigan, LLC	Owner ship	60.000	. Commonwealth Care Alliance, Inc	N0	
	Commonwealth Care Alliance, Inc		81-2185714				Reliance Next Gen ACO LLC	MN	NIA	Commonwealth Care Alliance Michigan, LLC	Ownership	60.000	. Commonwealth Care Alliance, Inc	NO	
	Commonwealth Care Alliance, Inc		87-3317576				Commonwealth Care Alliance Indiana, LLC	IN	NIA	Commonwealth Care Alliance, Inc	Ownership	100.000	. Commonwealth Care Alliance, Inc	N0	
4999	Commonwealth Care Alliance, Inc		87-3361607				Commonwealth Care Alliance California, LLC	CA	NIA	Commonwealth Care Alliance, Inc	Ownership	100.000	. Commonwealth Care Alliance, Inc	NO	
										Commonwealth Care Alliance California, LLC					
.4999	Commonwealth Care Alliance, Inc		81-4822508				Vitality Health Plan of California, Inc	CA	NIA		Ownership	100.000	. Commonwealth Care Alliance, Inc	N0	
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## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	1 / 1 / 1	- SOIVIIVIAN	<b></b>		III						
1 2	3	4	5	6	7	8	9	10	11	12	13
					Income/						
				D	(Disbursements)						D.1
				Purchases, Sales	Incurred in Connection with		Income/		Any Other Meterial		Reinsurance Recoverable/
				or Exchanges of Loans, Securities,	Guarantees or		(Disbursements)		Any Other Material Activity Not in the		(Payable) on
NAIC				Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code Number		Dividends	Contributions	Other Investments	Affiliate(s)	Agreements and Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
16986 85-422818											
	LLC		4,904,320							4,904,320	
16984 85-431088											
	LLC		7,367,151							7,367,151	
16542 81–497764			4,000,000							4,000,000	
04–375690			(12,271,471)							(12,271,471)	
87–2560730	0 Commonwealth Care Alliance Michigan, LLC		(4,000,000)							(4,000,000)	
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9999999 Control Totals		^	^	Λ	Λ	Λ	0		^	^	^
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# **SCHEDULE Y**

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

PART 3 - ULTIMATE CONTROL	LLING PARTY AND LISTING OF O	THER U.S. INS	URANCI	E GROUPS OR ENTITIES UNDER	THAT ULTIMATE CONTROLLING F	PARTY'S CON	TROL
1	2	3	4	5	6	7	8
			Granted				Granted
			Disclaimer				Disclaimer
			of Control\				of Control\
			Affiliation of				Affiliation of
		Ownership	Column 2			Ownership	Column 5
		Percentage	Over			Percentage	Over
		Column 2 of	Column 1		U.S. Insurance Groups or Entities Controlled	(Column 5 of	Column 6
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	by Column 5	Column 6)	(Yes/No)
Commonwealth Care Alliance Massachusetts, LLC	Commonwealth Care Alliance, Inc.	100.000	N0	Commonwealth Care Alliance, Inc.	Commonwealth Care Alliance, Inc.	100.000	NO
Commonwealth Care Alliance Rhose Island, LLC	Commonwealth Care Alliance, Inc.	100.000	NO	Commonwealth Care Alliance, Inc.	Commonwealth Care Alliance, Inc.	100.000	NO
Reliance HMO, Inc.	Commonwealth Care Alliance Michigan LLC	100.000	NO	Commonwealth Care Alliance, Inc.	Commonwealth Care Alliance, Inc.	100.000	NO
							l

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	following the interrogatory questions.	_	Responses
	MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by		YES
2.	Will an actuarial opinion be filed by March 1?		YES
3. 4.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1 Will the confidential Risk-based Capital Report be filed with the state of domicile		YES VES
→.	·	, ii required, by March 1 f	YES
_	APRIL FILING		VEO
5.	Will Management's Discussion and Analysis be filed by April 1?		YES
6. 7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES YES
1.	will the Accident and Health Folicy Expenence Exhibit be filed by April 1:		IEO
^	JUNE FILING		VEO
8. 9.	Will an audited financial report be filed by June 1?		YES YES
٥.		,	
	The following supplemental reports are required to be filed as part of your annusupplement. However, in the event that your company does not transact to the specific interrogatory will be accepted in lieu of filing a "NONE" repobut is not being filed for whatever reason enter SEE EXPLANATION and provide MARCH FILING	he type of business for which the special report must be file ort and a bar code will be printed below. If the supplement is	d, your response of NO
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the star	te of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile ar	nd the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of		NO
13.	Will the actuarial opinion on participating and non-participating policies as require		NO
14.	be filed with the state of domicile and electronically with the NAIC by March 1? Will the actuarial opinion on non-guaranteed elements as required in Interrogato	n/3 to Exhibit 5 to Life Supplement he filed with the state of	NO
. →.	domicile and electronically with the NAIC by March 1?		NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile	e and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the	ne five-year rotation requirement for lead audit partner be filed	NO
17.	electronically with the NAIC by March 1?		NO
	electronically with the NAIC by March 1?		NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the	ne Requirements for Audit Committees be filed electronically	NO
	with the NAIC by March 1?		NO
	APRIL FILING		
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of d	· ·	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and		NO 
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the sta	· · ·	YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense NAIC by April 1?		YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhib	it - Parts 1 and 2 be filed with the state of domicile and the	
	NAIC by April 1?		YES
	AUGUST FILING		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed v	vith the state of domicile by August 1?	NO
4.0	Explanations:		
10. 11	•		
11. 12.	11		
	Not applicable to Plan offerings		
14.			
15.	Not applicable to HMO plans		
16.			
17.			
18.	Net continue to Discontinue		
19. 20	Not applicable to Plan offerings  Not applicable to Plan offerings		
20. 24.	Insufficient business to require this item.		
	Par Cadas:		
10.	Bar Codes:  Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]		
٠.٠.			
11.	Life Supplement [Document Identifier 205]	- 1   120   131   15   16   16   16   16   16   16   1	
		1 6 5 4 2 2 0 2 1 2 0 5 0 0	0
12.	SIS Stockholder Information Supplement [Document Identifier 420]	-	
		-	
10	Destinating Opinion for Fubility Filter was at Idea (Co. 074)		
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]	-	
			31    <b>11    12   </b>
14	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]		
14.	Non-Guaranteed Opinion for Exhibit 3 [Document Identifier 370]		
15.	Medicare Part D Coverage Supplement [Document Identifier 365]		
٠.		-	
16.	Relief from the five-year rotation requirement for lead audit partner [Document		
	Identifier 224]		
		1 6 5 4 2 2 0 2 1 2 2 4 0 0	0 0 0
17.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]		

18. Relief from the Requirements for Audit Committees [Document Identifier 226]

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 19. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 20. Life Supplement [Document Identifier 211]
- Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]

